PERMISSION TO ADMINISTER MEDICATIONS

(This form is for use of short and long term medications or inhalers/epipens. Keep with medication)

DATE:_____

I hereby give permission to PLAYLAND DAYCARE to administer _____

Name of medication and prescription number

to my child _____ as per the instructions below

( ) according to the doctor's orders and instructions that are noted on the prescription bottle or vial (for prescription drugs).

( ) according to the following instructions (for non prescription drugs).

_____

_____

_____

_____ _____

Licensee/Manager Signature Signature of parent/guardian

MEDICATION RECORD

(use back of form if needed to record administrations)

NAME OF CHILD:_____ NAME OF PHYSICIAN:_____PH:_____

NAME OF MEDICATION:_____PRESCRIPTION NUMBER (if prescription):_____

DATE COMMENCED:_____ DATE STOPPED:_____

DATE	TIME	DOSAGE	COMMENTS	STAFF SIGNATURE